[TFR 21-1]

[Front of card]

INQUIRY CARD NO. _____ DATES: Begin_____
Re Wounds (illnesses) (registration,archive) End_____

---

1. Last name_____
2. First Name_____ 3. Patronymic_____
4. Year Born_____ 5. Which RVK called up_____
_____
6. At the time of injury (illness):
   a) Rank _____
   b) Unit _____
   c) Parent's Address_____
7. When wounded (ill),_____,_____194___yr
8. Wounded in what part of the Body (What was the illness) _____
_____
9. When did you arrive at the hospital ,_____,_____194___yr
10. Hospital number where treatment was finished_____
11. Name of population center where hospital is located _____
_____
12. When discharged from the hospital ,_____,_____194___yr
13. Where were you withdrawn_____
14. For repeat requests, indicate the number and date of our last reply No._____ _____19____yr
15. Reply to what address _____
_____
_____

IDENTIFICATION CARD

No. _____ <_____> _____19____yr
1. Last Name _____
2. First Name_____ 3. Patronymic_____
4. Hospital number where treatment was finished_____
_____

Ed. VMM MO Order 105, 1992

[TFR 21-1a]

[Back of card]

WORK RESULTS ON ARCHIVE FONDS

1. IB: found, not found, not at all, not for this period
2. KOKh: found, not found, not at all, not for this period
3. AK: found, not found, not at all, not for this period
4. KP: found, not found, not at all, not for this period
5. SV: found, not found, not at all, not for this period
6. VVK: found, not found, not at all, not for this period
7. KU: found, not found, not at all, not for this period

<_____>_____199___yr. Completed _____
(last name)

8. F - 1: _____
9. L - K: _____
<_____>_____199___yr. Completed _____

(last name)
CONTENT OF REPLY: Information according to EhG_____
to who _____ F No. _____
Date _____ Completed_____
FOR LETTERS

_____

GUIDELINES FOR FILLING OUT THE INQUIRY CARD

1. Fill out the card for only one wound (illness).
2. Use blue (black) ink, in Russian, legibly LAST NAME, FIRST NAME, PATRONYMIC - IN PRINTED LETTERS.
3. Indicate only one hospital where treatment was completed. If you forget the number then indicate: Field Postal Number or hospital address (population center,street, house number), name of the institution, previous [occupants] of the building, name of the Director or treating physician.
4. Documents (passport, military ID, certificates) will not be sent without a request.
5. Incorrect or illegible inquiry cards will not be worked on.

[TFR 21-2]

[Front of card]

INQUIRY CARD
Incoming No. _____ Outgoing No._____
Date _____ Date_____

_____
1. Last, First and Patronymic at the present time _____
_____
2. Last, First and Patronymic during Service (work) _____
_____
3. Military rank and Duty during service period _____
_____
4. Year born _____ 5. Number and name of Institution
_____
_____
_____
6. Name of population center where the institution was located ___
_____
a) at arrival_____
b) at discharge_____
7. Inquire about what information (service, work, etc.) _____
_____
8. Period of Service (work) at the institution _____
a) Start <_____>_____194___ yr.
b) End <_____>_____194___ yr.
_____
9. If there was an earlier reply, indicate the reply number:_____
No._____ from "_____" _____194___yr.
10. Address to send the reply:_____
_____
Begin No. _____"_____"_____19_____ yr. (institution)
_____
_____

Incoming No._____ IDENTIFICATION CARD
_____
1. Last Name _____
2. First name _____ 3. Patronymic_____
4. Hospital number in which served (worked)
_____

[TFR 21-2a]

[Back of card]

RESULTS OF WORK ON ARCHIVE FONDS

REPLY CONTENTS: Information of to EhG_____
to Who_____ F No._____ Date_____ Completed _____

Ed. VMM MO USSR. Order 22, 1987 yr.

[TFR 21-3]

[Front of card] [3x5 filecard stock]

Agency_____
1. Last_____ (arrested by whom
2. First_____ no abbreviations)
3. Patronymic_____
4. Born_____ 5. Place of Birth Case No.
_____ Sl_____
_____ Archive_____
6. Address_____
7. Profession (Specialty)_____
8. Place of Work, Duty _____
_____ Print_____
9. Nationality _____ 10. Citizenship_____ contour_____
11. Arrested_____ 197__ 12. Details
of the Crime_____
_____
13. Criminal Code Statute_____
14. Card File created _____
(indicate name of organ) Fingerprint
_____ 197___ _____ Right Index
Person completing the card

[TFR 21-3a]

[Back of card]

Arrested by:_____
When_____ Article _____
_____Criminal Code_____
Sentence_____ years_____
(indicate fully the additional punishment)
_____
Sentence entered into lawful force _____
_____
_____
_____ Freed _____

_____ from _____
_____ by order _____"Re Amnesty"_____
_____
_____
_____
Novosibirsk, ed. UVD, order no. 1288-74

[TFR 21-4]

[Front of fingerprint form]

Last Name _____
First Name_____
Patronymic_____
Born _____ Place of Birth _____
_____

Right Hand

Thumb Index Middle Ring Baby

Left Hand

Thumb Index Middle Ring Baby

RECORD PRINTS

Left Hand	Thumb	Thumb	Right Hand

Signature of person arrested _____
Form filled out _____

(indicate where and by what agency)

Note: A formula of additional classification in the MVD-UVD does not arise. [TFR 21-4a]
[Back of Form]

INFORMATION ABOUT THE ARREST

Arrested
_____
(when, by, for, articles, Criminal Code section, decrees)
_____

_____

_____

MARKS:

Physical defects:

_____

(mutilations, injuries, warts, moles, surgical scars, scars,

_____

crippled body movement, baldness, asymmetrical face, different

_____

colored eyes, guttural speech, stuttering, tattoos, etcetera)

_____

_____

Form made up by:_____

(Duty title and signature)

Correctness of the Form checked, formula calculated _____

_____

(Duty title, signature, and date)

(dimensions 290x205)

TV 6490-100,000